

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90162 049 ***150.00

1116130 AV

DOCUMENT # **P01000084380**

1. Entity Name
CALDWELL'S LAWN SERVICE, INC.



Principal Place of Business
**3223 STUDENT DRIVE
ORLANDO FL 32826**

Mailing Address
**3223 STUDENT DRIVE
ORLANDO FL 32826**



2. Principal Place of Business
537 Alafaya Woods Blvd
Suite, Apt. #, etc.
APT. A

3. Mailing Address
537 Alafaya Woods Blvd
Suite, Apt. #, etc.
APT. A

City & State
Oviedo FL

City & State
Oviedo FL

Zip
32765

Country
USA

Zip
32765

Country
USA

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CALDWELL, GEORGE E JR.
3223 STUDENT DRIVE
ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name
Caldwell, George E Jr.

Street Address (P.O. Box Number is Not Acceptable)
537 Alafaya Woods Blvd Apt. A

City
Oviedo

State
FL

Zip Code
32765

4. FEI Number
58-2648990

Applied For
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75-Additional Fee Required**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete CALDWELL, GEORGE E JR. 3223 STUDENT DR. ORLANDO FL 32826
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Change <input type="checkbox"/> Addition Caldwell, George E Jr 537 Alafaya Woods Blvd Apt. A Oviedo, FL 32765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE **SIGNATURE REQUIRED** _____ **9/30/07 407/971-6445**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)